Effective October 1, 2003 10694243															
	CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THA					
TOTAL CLAIMS			94		-		-	RATE		FEE].	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EΕ	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			94 minus 20=		. 74			X\$ 9:	= 4	666	OR	X\$18=			
INDEPENDENT CLAIMS			6 minus 3 =		٠ 3			X43=		129	OR	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT								+145:	-	· · · /	OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA		1180	OR	TOTAL			
CLAIMS AS AMENDED - PART II								OTHER THAN							
	6//3/05 (Column 1) (Column 2) (Column 3)						1 ,	SMAL	L E	NTITY	OR	SMALL	ENTITY		
ENTA		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT A	Total	• 94	Minus	** 9	14	=		X\$ 9=			OR	X\$18=			
	Independent	·		6		-	X43=			OR	X86=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=			OR	+290=			
1,06,52,53,70,8.7								TOTA	_			TOTAL			
(Column 1) (Column 2) (Column 3)									:EL			ADDIT. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	\$7 3		=		X\$ 9=	1		OR	X\$18=			
	Independent	*	Minus	PENDENT	CI AIM	-		X43=			OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=			OR	+290=			
								TOTA			OR	TOTAL ADDIT. FEE			
		(Column 1)	•	(Colum		(Column 3)									
51		CLAIMS REMAINING AFTER AMENDMENT	-	HIGHE NUMB PREVIOUS PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=		X\$ 9=	I		OR	X\$18=			
			Minus	***				X43=	Ť		OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	╁		Un				
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								1		OR	+290= TOTAL			
	f the 'Highest Nur	nber Previously Pai nber Previously Pai ber Previously Paid	id For IN THI	S SPACE is	less than	n 3, enter "3."	A	DOIT. FEI	E L			DDIT. FEE			

Application or Docket Number